

REGISTRATION FORM

Your Name: _____

Partner's Name: _____

Address: _____

City: _____

Postal Code: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Fax: _____

Email Address: _____

Obstetrician, Midwife and/or Pediatrician: _____

Baby's Due Date or Birth Date: _____

Baby's Name(s) (if born): _____

How did you hear about us? _____

Class Name(s): _____

Class Date(s) and Time(s): _____

Payment Method: Visa
 MasterCard

Card Number: _____

Expiry: _____

Signature: _____

(NOTE: Clients concerned about security may telephone us with their credit card information rather than including it on this form (416-440-4020). Please note, however, that we cannot reserve a space until payment confirmation is received.)

I have read and understood Becoming Maternity Privacy Policy

Send by fax to 416-440-4080

Or mail to:

Becoming Maternity and Parenting Centre, 505 Eglinton Ave. West, Suite 401, Toronto, ON, M5N 1B1